

Department of Alcoholic Beverage Control
LICENSED PREMISES DIAGRAM (RETAIL)

RECEIVED
 NOV 28 2018

State of California

RECEIVED

Dept of Alcoholic Beverage Control
 San Francisco

LICENSE TYPE
 Type 21
 NOV 21 2018

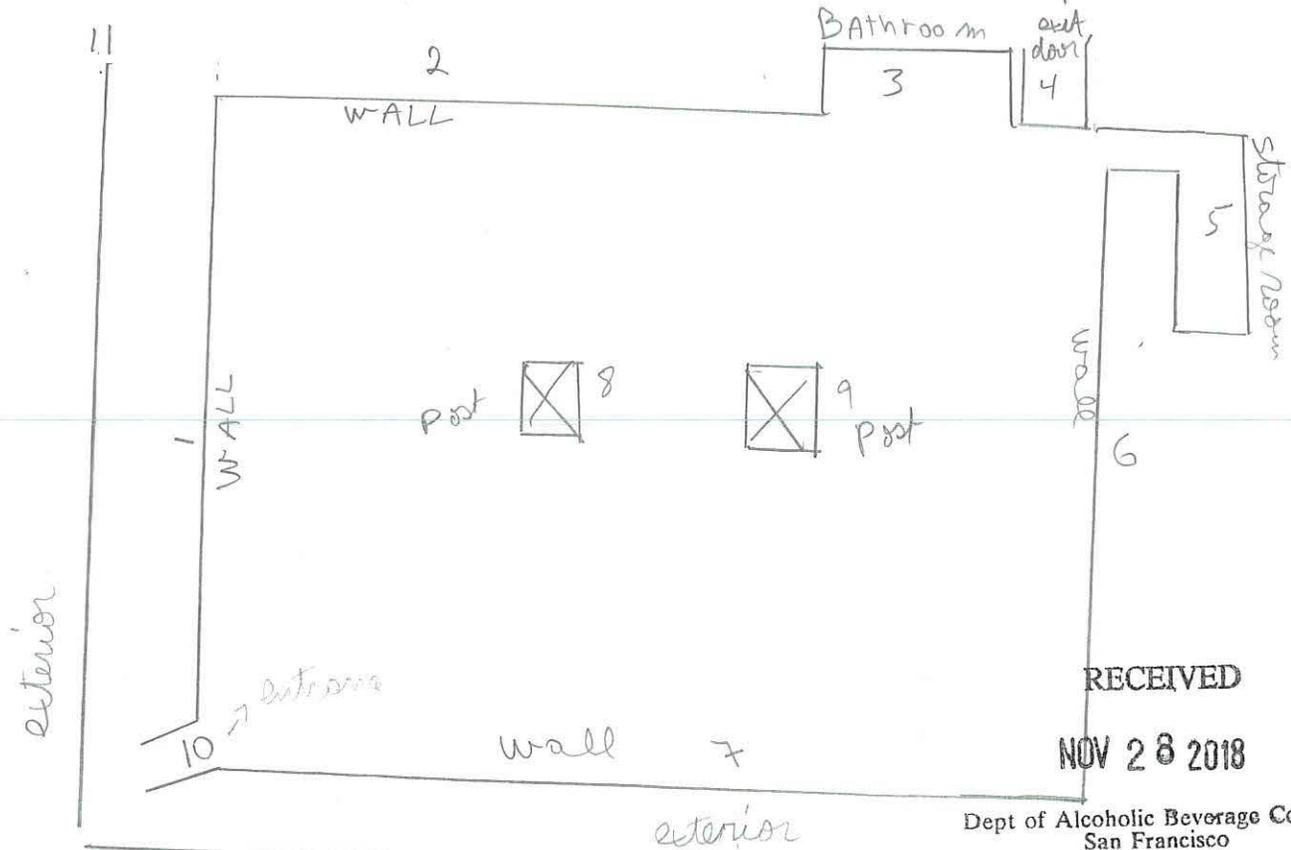
1. APPLICANT NAME (Last, first, middle)
 Mazen Gad

3. PREMISES ADDRESS (Street number and name, city, zip code)
 4800 California St. San Francisco, CA 94118

4. NEAREST CROSS STREET
 10th Ave. Sacramento

The diagram below is a true and correct description of the entrances, exits, interior walls and exterior boundaries of the premises to be licensed, including dimensions and identification of each room (i.e., "storeroom", "office", etc.).

DIAGRAM

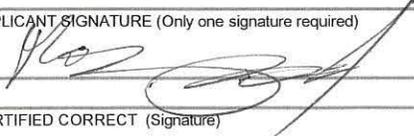


RECEIVED
 NOV 28 2018

Dept of Alcoholic Beverage Control
 San Francisco

- 1- wall - 25 F. LONG
- 2- wall 25 F, long
- 3- Bathroom 10x6
- 4- exit door
- 5- storage room 12 X 11
- 6- wall 25 F
- 7- wall 23 F
- 8- post 2FX 9F High
- 9- post 2FX 9F High
- 10- Entrance 4 F
- 11- exterior boundaries 30 F
- 12- exterior boundaries 30 F

It is hereby declared that the above-described boundaries, entrances and planned operation as indicated on the reverse side, will not be changed without first notifying and securing prior written approval of the Department of Alcoholic Beverage Control. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required)  DATE SIGNED 11-5-18

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature) PRINTED NAME INSPECTION DATE

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

RECEIVED
 NOV 28 2018

RECEIVED
 NOV 21 2018

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) **Mazen Gaber Gad**
 2. LICENSE TYPE(S) **Type 21**
 3. PREMISES ADDRESS (Street number and name, city, zip code) **4800 California St. San Francisco, CA 94118**
 4. NEAREST CROSS STREET **10th Ave.**

5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club
<input type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input checked="" type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	
<input type="checkbox"/> Other - describe: _____			

6. PATRON CAPACITY _____
 7. SURROUNDING AREA
 Commercial Rural
 Residential Industrial
 Other _____
 8. PREMISES IS LOCATED IN
 Free Standing Building
 Shopping Center (Name): _____
 10 Units or Less More than 10 Units

9. FOOD SERVICE
 None Minimal Full Meals
 10. PARKING LOT? Yes No
 11. PATIO? Yes No
 12. WILL YOU HIRE A MANAGER? (Rule 57.5) Yes No
 13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) Yes No

14. MEAL TYPE
 Dinner House Seafood
 Fast Food/Deli Other: _____
 Pizza/Pasta Pkg _____
 15. TYPE OF FOOD
 American Greek Indian French
 Chinese Korean Italian Thai
 Japanese Other: Pkg _____
 16. HOURS OF FOOD SERVICE
 BREAKFAST HOURS From: _____ To: _____
 LUNCH HOURS From: _____ To: _____
 DINNER HOURS From: _____ To: _____

17. OPERATING HOURS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am
Closing Time	10:00 pm	10:00 pm	10:00 pm	10:00 pm	10:00 pm	10:00 pm	10:00 pm

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterick (*) below)

<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input checked="" type="checkbox"/> *Hot Spot"/Lottery
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games

*Description: _____

19. PREMISES IS LOCATED ON
 Major Thoroughfare Secondary Street
 Other _____
 20. TYPE OF STRUCTURE
 Single Story Two-Story
 Multi-Story - Number of stories: _____

21. PASS-THROUGH WINDOW? Yes No
 22. FIXED BARS? Yes - how many: _____ No
 23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES? **25%**

FOR ABC USE ONLY

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.) _____
 25. DATE ENTERED INTO CABIN _____